

Appendix F

Kentucky Exceptional Supports Protocol

In extraordinary circumstances related to the assessed needs of a participant, they along with their Team may request the payment of a rate or units of service that exceeds the ordinary amount for waiver services. Any approval of an exceptional support is time limited with periodic review and documentation of effectiveness required.

Exceptional Supports Funding shall be utilized to provide extraordinary services to a participant experiencing challenging medical, behavioral health, or maladaptive behavioral issues. The assessment tools utilized by DDID have the capability of identifying exceptionally high levels of supports needs in these areas as well as specific risk factors for a participant. Data would suggest that 7-8% of individuals enrolled in the SCL waiver will most likely fall within these parameters. These exceptional supports needs require a professional standard of care, meaning certified or licensed clinical professionals are required to routinely provide direct support or to provide on-going training and technical assistance to those providing direct support. Both on-site monitoring and review of information is also required by a professional to ensure supports are delivered consistently and effectively across environments to assist the participant in obtaining what is important to them and for them.

The increased rates and units have been established to accommodate the range of exceptional service delivery needs. The rate are extended **up to** 1.25, 1.5, 1.75 or 2 times the maximum; however, corresponding claims submissions shall be based upon actual cost of exceptional supports rendered.

The following items shall not be included in the Enhanced Support Request: room and board and related items, utilities, household supplies, vehicles, personal products, personal spending, or purchase of positive reinforcements.

Services eligible for exceptional supports rates:

- Residential Level I, Level II (12 or more hours)
- Community Access
- Personal Assistance
- Respite
- Day Training (non ADHC)

Services eligible for exceptional supports units:

- Consultative Clinical and Therapeutic Services
- Person Centered Coach
- Personal Assistance

- Respite

Request Process

The process for an exceptional supports request requires submission of a Plan of Care (POC) that reflects a higher level of supports as determined by the Supports Intensity Scale (SIS) and Health Risk Screening Tool (HRST). If applicable, the request shall include medical justification by a physician. Exceptional supports are authorized based on specific information concerning the participant's needs and the plans to address those needs. DDID management staff shall review and authorize any exceptional requests.

The exceptional support needs identified through the robust assessment process, are not intended to become an indefinite part of a participant's support system. These supports may come and go throughout a person's life. A plan for gradual withdrawal of these exceptional supports, shall be established and accompany the plan of care with all exceptional support requests.

Prior to requesting consideration for Exceptional Supports, the team shall evaluate the effectiveness of the POC and its components to greatly reduce, or eliminate the impact of triggers, precursors, and environmental factors. Preventive services from the regional Community Mental Health Center (CMHC) DD Crisis Service and the regional ICF/IID

Mobile Crisis Team should be sought to assist in this process as needed to ensure that appropriate preventive techniques and person centered planning are in place before exceptional supports are requested.

Consideration of an exceptional support requires submission of the following documentation to DDID:

1. Cover letter stating the participant is currently in an institution awaiting finalization of transition/discharge planning to the community; or the participant is at risk of not maintaining their life, friends, home and work in their community; and the assessed needs of the participant based upon the SIS and/or HRST indicate an intense level of supports is required to promote their health, wellness and stability.
2. Team approved Plan of Care documenting the enhanced service delivery needed (e.g., specific enhanced training requirement or credentialed employee, time of day enhanced staffing ratio required, number of hours of professional staffing, or oversight required) including any support needs for which enhanced professional treatment and oversight is warranted. (to include dietary, psychological, or positive behavior support services)
3. The POC shall include frequency of data review by team and consideration of criteria for reduction of these supports; and information about alternative measures attempted.

4. Cost analysis or projected budget for the supports provided for participant.
5. Requests for additional supports needed in the area of **skilled nursing shall include the following additional documentation:**
 - a. Specification of hours of necessary RN direct support required for delivery of identified nursing care that is not delegable per 201 KAR 20:400.
 - b. Plan to obtain and monitor clinical outcome data with criteria for reduction of supports as relevant to medical condition.
 - c. Specification of additional direct support staffing requirements in amount and time of day with criteria for reduction of these supports; including completion of the expanded requirements for credentialed DSP in the areas of Health Support if appropriate; and
 - d. Assessed exceptional needs of the participant documented by the SIS and the HRST with a copy of physician's orders when applicable.
6. Requests for exceptional supports based on the exceptional **behavioral health or behavioral support needs** of the participant must also include the following (as applicable):
 - a. Documentation of completion of the expanded requirements for direct support professional (DSP) credentialed in the area of positive behavior support;
 - b. Documentation of the providers' ability to support people with exceptional behavioral health or behavioral support needs which may include implementation of specialized programs, established arrangements with network of community supports. This documentation pertains to a provider's overall or system wide capacity to provide these types of supports;
 - c. A functional assessment and any supports developed based on that assessment to include a positive behavioral support plan;
 - d. Any notes from HRC and BIC for plans reviewed;
 - e. The form of communication utilized and, as appropriate, specified communication techniques/use of technology. Include a description of efforts toward functional communication;
 - f. Quantitative data in the form of frequency, rate, or duration should be provided for each target behavior identified in the positive behavior support plan. This data must include the most recent three (3) month period of continuous data collection for each targeted behavior or behavioral health symptom. Data should be in an objective, numerical, and graphical form; and

- g. Documentation, which may include clinical notes, to indicate that ongoing behavioral health services are necessary to achieve the desired outcomes specified in the Plan of Care (POC); and
- h. Behavioral Health Plan, Crisis Prevention Plan and notes from debriefing sessions with CMHC and ICF/IID Mobile Crisis Services.

Requests for exceptional supports shall be in accordance with the following procedures:

The team, through the case manager, is responsible for submitting a written request for an exceptional support for a participant with exceptional needs, along with required supporting documentation, to DDID.

The specified enhanced service delivery requirements for a participant with exceptional needs shall become part of case management monitoring of service delivery.

Data should be reviewed by the person's team at regular intervals to determine if continuation of exceptional support meets all the above stated requirements. Information shall be submitted to DDID as outlined:

Exceptional supports above the established standard rate or unit limit will be prior authorized for a maximum of six (6) months and requires a minimum review by the person centered team and written summary of progress submitted to DDID.

No Prior Authorizations for exceptional supports will be automatically extended.

If the needs of the participant change prior to the review date (change in needs such that the person needs more or less supports), DDID must be notified and a new exceptional request must be submitted.

In order to ensure continuity of care, prior to any transfer to a new provider, a new request for exceptional support shall be submitted to DDID meeting all above requirements. Approval of this new exceptional request support by DDID is required prior to any reimbursement above the Medicaid ordinary rate or limit for the waiver service.